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APPLICANTS

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*MCH*

\*\* CONTINUING DATA \*\*\*\*\*  
This application is a DIV of 08/879,997 06/20/1997 PAT 6,019,249  
and claims benefit of 60/045,137 04/30/1997

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*MCH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 09/13/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Michael E. Jocke</i> Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 18	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
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TITLE  
APPARATUS FOR DISPENSING MEDICAL ITEMS

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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